

CHILD & ADOLESCENT MENTAL HEALTH STEERING COMMITTEE TERMS OF REFERENCE

1. Name of Committee	Child and Adolescent Mental Health Service (CAMHS) Steering Committee
2. Purpose	The purpose of the Child and Adolescent Mental Health Service (CAMHS) Steering Committee (the committee) is to provide leadership, advice and endorsement of the development and implementation of the CAMH service model and subsequent service models that fit within the new CAMH service structure.
3. Reporting	The committee will report to the Mental Health and Alcohol and Other Drug Services – Clinical & Corporate Governance Committee.
4. Principles	<p>Guiding Principles are to:</p> <ul style="list-style-type: none"> • Place consumers and their families at the centre of service development • Promote clinician led, multidisciplinary and thorough consultative processes • Provide evidence informed recommendations based on best contemporary evidence, expert consensus, health care context and considered system implications • Respond to clinical need • Align to NSW Ministry of Health and Northern NSW LHD Strategic Priorities • Respect perspectives and value contributions from all stakeholders • Support clinicians and teams to deliver safe, high quality services and better care experiences
5. Governance	The committee has a central role in supporting good clinical governance in the development of the Northern NSW LHD CAMH service, consistent with Ministry of Health policy and frameworks. This occurs in conjunction with several other formal and informal relationships.
6. Functions and Accountabilities	<p>Functions and accountabilities of the committee include:</p> <ul style="list-style-type: none"> • Clinical governance and Safety & Quality assurance through endorsement of the service model for Child and Adolescent Mental Health Services • Inform and advise on planning, development, implementation and evaluation activities • Promote and advocate for the use of evidence informed practice • Engage local health district clinical networks, clinicians, clinical support teams, and other stakeholders to inform and communicate decisions and recommendations • Request additional information from clinical working groups, teams and services as required.
7. Functions and Accountabilities excluded	<p>Functions and accountabilities excluded:</p> <ul style="list-style-type: none"> • Operational management including financial and human resource management of the CAMH services.

8. Membership (position held only):

Membership will be multidisciplinary and aim to incorporate:

Consumer representation

Clinician representation from a range of disciplines and services

Cultural capability

Geographic distribution

System representation (eg. Safety and quality, medication safety)

Membership can be amended by agreement from the committee or the Chair

Committee Employee Membership

Director, MH and AOD services (Chairperson)

CAMHS Service Manager

CAMHS Clinical Director

YACS Clinician x 4 (each site)

YAF Clinician x 6 (each site)

WFT x 2

GOT IT x 1

Paediatrics x 1

Kamala Unit x 2

Director of Nursing (MH-AOD)

Patient Safety & Quality Manager

Aboriginal Mental health Coordinator

Eating Disorders Coordinator

Perinatal Infant MH CNC

YP Consumer/Family x 2

Headspace x 1

Community Health (Child & Family) x 1

Role of Members (including the Chair) are expected to:

- Formulate an opinion and participate in decision making of the committee
- Apply Clinical Governance Framework to assist in decision making
- Establish links with stakeholders and consult appropriately
- Represent the views and interests of consumers, departments or organisations as relevant to their membership
- Disseminate information to relevant stakeholders about the committee's decisions within the confines of privacy and conflict of interest requirements
- Facilitate the provision of feedback as required, recognising the committee's time constraints
- Assist the Chair in relation to conflicts of interest of the committee and working party members
- Comply with privacy and conflict of interest processes of the LHD and NSW Health
- Promote and advocate for the use of evidence informed practice

Other workers at the workplace (peer, volunteers)

Will have representation on the Committee and as invited by the Chairperson

Chairperson

The Chair of the committee is expected to:

- Lead the committee in delivery on the terms of reference
- Chair meetings of the committee, or delegate the responsibility
- Represent the views of the committee at meetings with Senior Leadership Team and LHD Executive Leadership Team

- Exercise discretionary decision making on behalf of the committee where high priority, time sensitive matters require an immediate decision
- Review declared conflicts of interests as required and recommend actions within the scope of the LHD conflict of interest procedure
- Fulfil the same expectations as members (above)

Secretary

The secretary will be the CAMHS Project Lead and will be supported by management to fulfil this role by allowing time and resources sufficient to ensure the role is effective.

- Convene the committee meetings
- Formulate meeting agendas and action plans
- Formulate meeting minutes
- Distribute Committee minutes as per distribution list.

Conflict of Interest

A conflict of interest is any interest that may reasonably be considered in conflict with the purpose and interests of the committee. Members are expected to

- Abide by the LHD Conflict of interest statement
- Disclose any actual, perceived or potential conflicts of interest to the committee in writing as soon as they become apparent. The onus is on the individual to declare conflicts of interests arising from the last three years.

Declared interests will be recorded and may be reviewed by the committee.

Code of Conduct

Members are expected to adhere to the NSW Health Code of Conduct in the performance of their role and functions.

Duty of Confidentiality

The committee may be provided access to confidential and sensitive information, documents or discussions. The Health Services Act (NSW) protects the confidentiality of this information by restricting disclosure of any information acquired as part of this working group. Confidential information will be used solely for the permitted use of the committee and not further disclosed.

9. Decision Making

- A quorum of greater than 50% of members is generally required to exercise decision making
- Decisions are carried by majority consensus of members in attendance or who have submitted an opinion or question in writing/email prior to the time of decision
- The Chair may exercise discretionary decision-making on behalf of the committee where high priority, time sensitive matters require an immediate decision, or where matters are not considered of high clinical importance
- Decisions can be made at meetings or out of session (ad hoc)
- Wherever possible, one week will be allowed for reading/consideration of matters that require a decision

10. Commitment

- Members can expect to commit 3 – 4 hours per month to steering committee business.
- Members are expected to seek input from their local teams and collate feedback and develop written proposals to be presented to the steering committee.
- Meetings will be held bimonthly.
- Attendance at meetings is via online platform (audiovisual/teleconference) or in person
- If the member is unable to attend, an apology is provided to the committee prior to the

- meeting (where possible); acknowledging that unanticipated priorities can occur
- A proxy/delegate may be nominated if a member is unable to attend.
 - A response for out of session advice or endorsement may be required.
 - Attendance at ad hoc meetings (in addition to the regular meeting) may be requested by the Chair

11. Participation

The contribution of all members is important for decision-making, therefore consistent attendance and participation is essential. If a member is consistently unable to fulfil their commitment, the Chair may review their membership.

12. Minutes

- Minutes will be digitally recorded and notification is given at the commencement of each meeting.
- Minutes will be retained by the Secretary and will be displayed on the Mental Health and Drug and Alcohol Info-link pages.

13. Resignations

Member resignations are to be sent the Chair in writing.

14. Definitions

- **MHS** – Mental Health Services
- **AOD** – Alcohol and Other Drug Services
- **Consultation** – The sharing of information and exchange of views between the committee and CAMH services
- **Working Group** – A group of staff working on a specific service model or element of practice related to the service models

15. Review Date

CAMHS Steering Committee Terms of Reference will be reviewed in November 2022.

16. Endorsement

Endorsed by the CAMHS Committee at the meeting held on the XX XX 2021.

Signed _____ Date _____

Deidre Robinson, Director Mental Health, Alcohol & Other Drugs Services